

Exhibit V

SERVICE BULLETIN	
	NO.: 04020 SPECIAL POLICY
	DATE: March 2004
	CATEGORY TYPE: Transaxle - 02
	CATEGORY: Automatic
SPECIAL POLICY	

SUBJECT: **SPECIAL POLICY ADJUSTMENT – EXTENDED TRANSMISSION WARRANTY COVERAGE FOR THE VARIABLE TRANSMISSION WITH INTELLIGENCE (VTi) TRANSMISSION**

MODELS: **2002, 2003 AND 2004 VUE VEHICLES EQUIPPED WITH VTi (M75 AND M16) 2003 AND 2004 ION QUAD COUPE VEHICLES EQUIPPED WITH VTi (M75)**

TO: **ALL SATURN RETAILERS AND AUTHORIZED SERVICE PROVIDERS**

CONDITION

Saturn has determined that 2002, 2003 and 2004 VUE and 2003 and 2004 ION Quad Coupe vehicles equipped with the VTi transmission may experience certain transmission concerns that might affect customer satisfaction, and may require repair or replacement.

SPECIAL POLICY ADJUSTMENT

This special policy bulletin has been issued to extend the warranty on the VTi transmission assembly for a period of 5 years or 75,000 miles (120,000 km), whichever occurs first, from the date the vehicle was originally placed in service, regardless of ownership. The repairs will be made at no charge to the customer.

Effective immediately, vehicles covered by extended vehicle service contracts are covered by this special policy.

VEHICLES INVOLVED

Involved are Saturn 2002, 2003 and 2004 VUE and 2003 and 2004 ION Quad Coupe vehicles equipped with the VTi transmission (RPOs M16 or M75). This policy is applicable to all VTi equipped vehicles with an in-service date prior to April 2004.

PARTS INFORMATION

Parts required to complete a repair under this special policy are to be obtained from Saturn Service Parts Operations (SSPO) as outlined in the current parts catalog.

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— EX C E E D C U S T O M E R E X P E C T A T I O N S —

CUSTOMER NOTIFICATION

Saturn will notify customers of this special policy on their vehicles via first-class mail. A copy of the customer letter is included with this bulletin.

SERVICE PROCEDURE

Diagnose and service as outlined in the applicable Saturn Service Manual or Technical Information Bulletin(s). Current Service Manuals and Technical Information Bulletins are available via the Electronic Service Information (eSI) web site.

CLAIM INFORMATION

For vehicles repaired under the terms of this special policy submit a claim using the applicable chart below:

If the vehicle is still within the 3 years and 36,000 miles, use Chart A.

CHART A

Service Performed	Case Type	Labor Op.	Net Item Amount	Net Item Code	# Days Rental	Admin. Hrs.
Applicable Labor Operation for Repair	VW	*	N/A	N/A	See Below	N/A
Rental Reimbursement	GW or SS	T5599	**	C	***	N/A
Customer Reimbursement ****	VW	T5600	***	R		0.2

If the vehicle is beyond 3 years or 36,000 miles but within the 5 years and 75,000 miles special policy coverage use Chart B.

CHART B

Service Performed	Case Type	Labor Op.	Net Item Amount	Net Item Code	# Days Rental	Admin. Hrs.
Applicable Labor Operation for Repair	SP	*	N/A	N/A	See Below	N/A
Rental Reimbursement	SP or SS	T5599	**	C	***	N/A
Customer Reimbursement ****	SP	T5600	***	R		0.2

- * To receive credit for a repair to the VTi transmission during the special policy period, submit a claim through the Saturn Retail System using the appropriate labor operation number and labor time from the electronic Labor Time Guide.
- ** Net item amounts must be submitted as a miscellaneous sale. Rental reimbursement is not to exceed \$35/day.
- *** Enter number of days vehicle was rented. Not to exceed 3 days.
- **** Customer requests for reimbursement of previously paid repairs to VTi transmission assembly.

1. Retailers are empowered to use good judgment regarding rental cars. Should the rental exceed the special policy maximum 3-day allowance, contact the Customer Assistance Center at 1-800-828-2112, prompt 6, prompt 1.
2. **Labor operations claimed in this bulletin for rental reimbursement or customer reimbursement must be submitted on individual (unrelated to each other or the repair) CSO lines.**
3. The parts allowance should be the sum total of the current SSPO Retailer Net Price + 40% of all parts required for the repair.

CUSTOMER REIMBURSEMENT

Customers with claims for previously paid repairs to the VTi transmission assembly are instructed to contact their Saturn retailer to arrange for reimbursement. If the repair was performed at a non-Saturn facility, customers will need to provide the original paid receipt or invoice verifying the repair, proof of payment, and proof of ownership of the vehicle at the time of repair. If you have any questions regarding claim processing, please contact the Saturn Customer Assistance Center at 1-800-828-2112 prompt 6, prompt 1.

Customer Reimbursement Claims – Special Attention Required.

- A. Customer reimbursement claims must have the date of the VTi transmission assembly repair entered into the "repair date" field of the CSO in the "Labor Detail/Comments" screen.
- B. Customer reimbursement claims must have the mileage of the prior repair of the VTi transmission assembly repair entered on the "Service Order Hub" screen in the "miles in" field.
- C. Customer reimbursement claims must have entered into the "technician comments" field the CSO number (if repair was completed at a Saturn retail facility) date, mileage, customer name, and any deductibles and taxes paid by the customer.
- D. Customer reimbursement claims must be submitted on a different CSO than the special policy repair. This is because the repair date and mileage differ between the two repairs.

March 2004



Dear Saturn Owner,

We are writing to let you know of a special policy relating to 2002, 2003 and 2004 VUE and 2003 and 2004 ION Quad Coupe vehicles equipped with the VTi transmission. These vehicles may experience certain transmission concerns that might affect customer satisfaction, and may require repair or replacement.

What We Will Do:

Saturn will provide extended coverage for a period of 5 years from the date the vehicle was originally placed in service, or 75,000 miles, whichever occurs first. This special policy covers both the original owner, and any subsequent owners for the 5-year/75,000-mile duration. Please keep this letter with your other important glove box literature for further reference.

This is not a recall. At this time, it is not necessary to take your vehicle to your Saturn retailer as a result of this letter.

What You Should Do:

If your vehicle should require VTi transmission repairs within 5 years/75,000 miles, whichever comes first, Saturn will repair your vehicle at no charge. A Saturn retailer must perform repairs to qualify for this special coverage.

You will be eligible for reimbursement if you have already paid for some or all of the cost to have VTi transmission repairs, and your vehicle was within the 5-year/75,000-mile parameter at the time of the repair.

Reimbursement:

The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special policy condition.

We sincerely regret any inconvenience this may cause you. However, we have taken this action in the interest of your continued satisfaction with our product. If you have any questions, please contact your Saturn retailer or the Saturn Customer Assistance Center at 1-800-972-8876, or for the hearing impaired, 1-800-833-6000. We want you to know that we will do our best, throughout your ownership experience, to ensure that your Saturn provides you many miles of enjoyable driving.

Sincerely,

Saturn Corporation
04020



Saturn Corporation
Customer Assistance Center
P.O. Box 1500
Spring Hill, TN 37174

SATURN

VTi Transmission SPECIAL POLICY CUSTOMER REIMBURSEMENT PROCEDURE

If you paid for repairs associated with the VTi transmission assembly prior to March 15, 2004, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized Saturn retailer.

Submitting a special policy reimbursement claim directly to your Saturn retailer may expedite processing, however, if you choose, you may file your claim through the Saturn Customer Assistance Center. Your claim will be acted upon within 60 days of receipt.

If your claim is:

- Approved, you will receive a check from your Saturn retailer or Saturn Corporation,
- Denied, you will receive a letter from your Saturn retailer or Saturn Corporation with the reason(s) for the denial, or
- Incomplete, you will receive a letter from your Saturn retailer or Saturn Corporation identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have any questions or need assistance, please contact your Saturn retailer or the Saturn Customer Assistance at 1-800-972-8876, or for the hearing impaired, 1-800-833-6000.

SATURN
VTI TRANSMISSION SPECIAL POLICY CUSTOMER REIMBURSEMENT CLAIM FORM
04020

THIS SECTION TO BE COMPLETED BY CLAIMANT

Date Claim Submitted: _____

Vehicle Identification Number (VIN): _____

Mileage at Time of Repair: _____ **Date of Repair:** _____

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ **State:** _____ **ZIP Code:** _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- What problem occurred, what repair was done, when it was done and who did it.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this special policy.

Claimant's Signature: _____

Please provide this claim form and the required documents to your Saturn retailer or mail to the following address:

Saturn Corporation
Customer Assistance Center
P. O. Box 1500
Spring Hill, TN. 37174
Mail Drop 371-999-S24

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